

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14469  
Registrar's No. 354

FILED APR 13 1945  
Registration District No. 6075

Primary Registration District No. 6075

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington, RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 MONTHS  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 94  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 102 Vine St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sidney Elizabeth Green

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years  
7. Birth date of deceased December 2, 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 20  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Charleston Missouri A  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife and dressmaker.

11. Industry or business \_\_\_\_\_

12. Name Ben C. Adams

13. Birthplace Viola Kentucky I  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Tennessee I  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 3-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Missouri

18. (a) Signature of funeral director Nunelee Funeral Service

(b) Address Charleston, Missouri

19. (a) 3-26-45 Samuel Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1945 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 22, 1944 19\_\_\_\_ to March 22, 1945 19\_\_\_\_  
that I last saw h. or alive on March 22, 1945 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis  
Due to Cerebral arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 97  
Of operations \_\_\_\_\_

Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature S. J. Langdon (M. D. or other) ml.  
Address 102 Vine St. No. 4 Date signed 3-26-45

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

1373

RECEIVED

District Health Officer No. 4

District File Number 445-527

Date Filed 4-17-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No. ....  
working under my personal supervision.

*For Miller Funeral Home*  
Signed C J Floyd

Licensed Embalmer No. 2527

P. O. Address Ferrington m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.